

07/22/03
U.S. PTO

PTO SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

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| <p>1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 25]
(preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications (<i>if applicable</i>) - Statement Regarding Fed sponsored R & D (<i>if applicable</i>) - Reference to sequence listing, a table, or a computer program listing appendix (<i>if applicable</i>) - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Figs. 1-11 [Total Sheets 9]</p> <p>5. Oath or Declaration [Total Pages]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
<i>(for continuation/divisional with Box 18 completed)</i></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission
<i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specific Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies </p> |
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ACCOMPANYING APPLICATION PARTS

- | | |
|--|--|
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement</p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<i>(Should be specifically itemized)</i></p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <u>Japanese Application 2002-216973 filed July 25, 2002</u>
<i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <u>Submission of Claiming Priority</u></p> | <p><input type="checkbox"/> Power of Attorney</p> <p><input checked="" type="checkbox"/> Copies of IDS Citations</p> |
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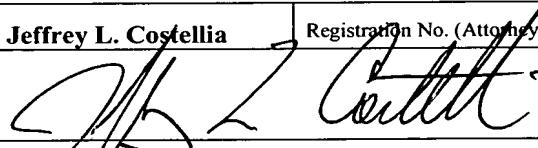
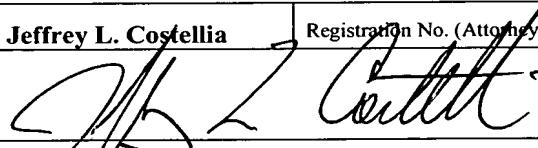
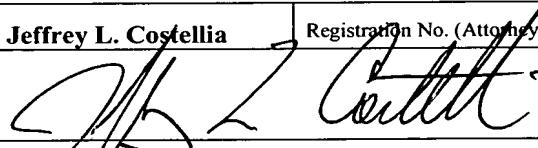
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional CIP of prior application No.: _____

Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	22204	or <input type="checkbox"/> Correspondence address below																												
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">Name</td> <td colspan="3" style="width: 70%;"></td> </tr> <tr> <td style="padding: 2px;">Address</td> <td colspan="3"></td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="width: 10%; padding: 2px;">State</td> <td style="width: 10%; padding: 2px;">Zip Code</td> <td style="width: 10%; padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Country</td> <td style="padding: 2px;">Telephone</td> <td style="padding: 2px;">(703) 770-9300</td> <td style="padding: 2px;">Fax</td> </tr> <tr> <td style="padding: 2px;">Name (Print/Type)</td> <td colspan="3" style="padding: 2px; text-align: center;">Registration No. (Attorney/Agent)</td> </tr> <tr> <td style="padding: 2px;">Signature</td> <td colspan="3" style="padding: 2px; text-align: center;"></td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="width: 15%; padding: 2px;">Date</td> <td colspan="2" style="width: 15%; padding: 2px; text-align: center;">35,483</td> </tr> </table>			Name				Address				City	State	Zip Code		Country	Telephone	(703) 770-9300	Fax	Name (Print/Type)	Registration No. (Attorney/Agent)			Signature					Date	35,483	
Name																														
Address																														
City	State	Zip Code																												
Country	Telephone	(703) 770-9300	Fax																											
Name (Print/Type)	Registration No. (Attorney/Agent)																													
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